

# How does religiosity affect adolescents' depression rates?

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# Adolescent Depression Rate and its Influences

- How does religiosity affect adolescent depression rates?
  - Suicidality is the 2nd leading cause of death in ages 10-14 (CDC, 2022)
  - This is contributed to by prolonged depressive periods
  - Religion is a part of many adolescents' lives; 87% of the AddHealth sample answered that they were religious\*

\*N=6504. 5614 answered their religion, and 890 reported either "none," "refused," "don't know," "not applicable."



## Possible Influences

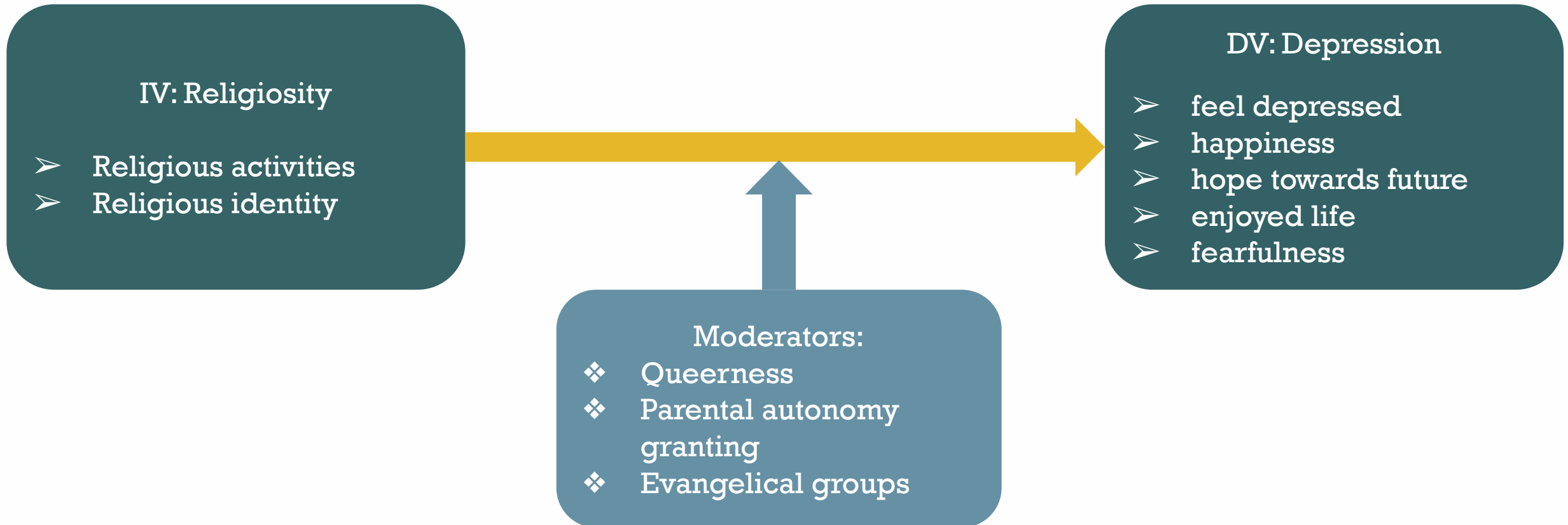
- Previous research shows that LGBTQ+ youth are at high risk for depression and anxiety and are at high risk for suicidality (Shearer et al., 2018).
- Religious affiliation was unrelated to health or happiness, but fundamentalism was associated with poor health yet greater happiness (Green & Elliott, 2010). However, Evangelical Christians in UK experienced ambivalence where spiritual explanations of mental distress helps and stresses their coping (Lloyd & Hutchinson, 2022).
- When parents encourage autonomy, the children often grow up to be better-adjusted and more independent than children with less autonomy, although this varies across cultures (Manzi et al., 2012).



# Questions To Address

- Does **religiosity** affect **adolescent depression rates**:
  - When adolescents are given **more autonomy**?
  - When adolescents are **queer**?
  - When adolescents are **in evangelical groups**?

# Analysis Structure



# Hypotheses

- Higher religiosity will be associated with higher depression rates for queer youth.
- Being part of high-tension Evangelical churches but not holding high religiosity will associate with higher adolescent depression rates.
- High religiosity will be associated with lower depression rates when moderated by higher autonomy granting, but higher depression rates when moderated by lower autonomy granting.

	<b>Straight/Different-Sex Attraction</b>	<b>Queer/Same-Sex Attraction</b>
Low Religiosity	Low depression	Low depression
High Religiosity	Low depression	High depression

	<b>Evangelical groups</b>	<b>Mainstream Christians</b>
Low religiosity	High depression	Low depression
High religiosity	Low depression	Low depression

	<b>Less Autonomy Granted</b>	<b>More Autonomy Granted</b>
Low religiosity	High depression	Low depression
High religiosity	Highest depression	Low depression



# Constructs

**Depression:** “a negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency, that interferes with daily life.” (APA, 2018)

**Religiosity:** “religiosity is very much to do with the experience, and states of being, of the person.” (Heelas, 2001)

**Religious identity** “refers to the degree to which an individual views himself or herself as a religious individual.” (Green & Elliott, 2010)

**Religious Affiliation:** Evangelical groups are “Assemblies of God, Church of God, Church of the Nazarene, Holiness, Jehovah’s Witness, Mormon (Latter-Day Saints), and Pentecostals” (Armet, 2009)

**Queerness:** “To most readers, ‘queer’ does have something to do with lesbian/gay/bisexual/transgender authors, artists, themes, or representations.” (Whittington, 2012).

**Autonomy granting:** when parents encourage children to have their own ideas, make their own choices, and participate in family decisions (Kunz & Grych, 2013).

# Methods





# ADDHealth Data Collection Protocol

Secondary data analysis of Wave 1 of the Main Home sample of the ADD Health data, collected in 1984.

- ADD Health is a stratified random sample.
- 80 high schools selected are representative of US schools with respect to region of country, urbanicity, size, type, and ethnicity.
- ADD Health oversamples highly educated Black families, Puerto Ricans, Chinese-Americans, and Cuban-Americans.
- Participants were enrolled in 6th-12th grade at the time of data collection.
- Data was collected from students in school via survey and from parents and students through in-home surveys

## AddHealth

### Sample Description: Gender, Ethnicity

**Gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	3147	48.4	48.4	48.4
	Female	3356	51.6	51.6	100.0
	Total	6503	100.0	100.0	
Missing	Refused	1	.0		
Total		6504	100.0		

**Participant Ethnicity**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	WHITE	3738	57.5	57.5	57.5
	AFRICAN AMERICAN	1465	22.5	22.5	80.0
	AMERICAN INDIAN	39	.6	.6	80.6
	ASIAN	206	3.2	3.2	83.8
	HISPANIC	353	5.4	5.4	89.2
	OTHER	362	5.6	5.6	94.8
	MULTI ETHNIC	341	5.2	5.2	100.0
	Total	6504	100.0	100.0	

	N	Minimum	Maximum	Mean	Std. Deviation
Age of Participant	4837	11.68	20.93	15.5415	1.58199
Valid N (listwise)	4837				

# **AddHealth: Mainstream and Evangelical Christians**

- Basic demographic descriptors of subsample of Mainstream and Evangelical:
  - US Adolescents from all US high schools by stratified random sampling, 7-12th grade (11.68-20.93 years old)
  - Ethnic samples including High-ed Black, Puerto Rican, Chinese, Cuban, and disabled samples are weighted. 51.3% White, 26.3% African American, 0.4% American Indian, 2.6% Asian, 7.2% Hispanic, 7.6% other races, 4.6% multiethnic.
  - 47.0% answered biologically male, 53.0% answered biologically female.
  - 86.4% mainstream (within % of Baptist: 52.3%, Catholic: 47.7%) and 13.6% high-tension (within % of Assemblies of God: 12.3%, Holiness: 14.0%, Jehovah's Witness: 16.7%, Latter Day Saints: 16.7%, Pentecostal: 40.2%) Christian groups.\*

\*Within % might not have the sum of 100% due to round up.

# AddHealth: Mainstream and Evangelical Christians

		Statistics				
		REC_RelgLabel	Age of Participant	Participant Ethnicity	biological sex	S1Q20 GRADE-W1
N	Valid	3516	2584	3516	3516	3435
	Missing	0	932	0	0	81
Mean		.8641	15.5477	2.2958	1.53	9.55
Median		1.0000	15.5534	1.0000	2.00	10.00
Std. Deviation		.34278	1.57455	1.88612	.499	1.655
Minimum		.00	11.68	1.00	1	7
Maximum		1.00	20.93	7.00	2	12

\*Missing value of Religious Affiliation is consisted by neither Evangelical nor Mainstream.

		REC_RelgLabel			
		N	Percent	Valid Percent	Cumulative Percent
Valid	Evangelical	478	7.3	13.6	13.6
	Mainstream	3038	46.7	86.4	100.0
	Total	3516	54.1	100.0	
Missing	System	2988	45.9		
Total		6504	100.0		

# AddHealth: Mainstream and Evangelical Christians

S1Q20 GRADE-W1					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	7	518	14.7	15.1	15.1
	8	530	15.1	15.4	30.5
	9	608	17.3	17.7	48.2
	10	643	18.3	18.7	66.9
	11	607	17.3	17.7	84.6
	12	529	15.0	15.4	100.0
	Total	3435	97.7	100.0	
Missing	97	65	1.8		
	99	16	.5		
	Total	81	2.3		
Total		3516	100.0		

Participant Ethnicity					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	WHITE	1802	51.3	51.3	51.3
	AFRICAN AMERICAN	924	26.3	26.3	77.5
	AMERICAN INDIAN	14	.4	.4	77.9
	ASIAN	93	2.6	2.6	80.6
	HISPANIC	253	7.2	7.2	87.8
	OTHER	267	7.6	7.6	95.4
	MULTI ETHNIC	163	4.6	4.6	100.0
	Total	3516	100.0	100.0	

biological sex					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	1654	47.0	47.0	47.0
	female	1862	53.0	53.0	100.0
	Total	3516	100.0	100.0	

# Depression

Items used to measure depression:

- 19 items that measure depression of subjects, such as: felt depressed, had the blues, thought life a failure, too tired, \*felt just as good as others, \*felt happy, \*had hope towards future, \*enjoyed life
- \* indicates that variable has been recoded
- 1 to 5, where 1=never and 5=almost every day
- Compute these into new variable averaging all previous variables for overall depression.
- The mean depression score was 0.68 on a scale of 0-2.47 with a standard deviation of 0.36.
- Compute new variable sorting values 0 through 1.99 into low depression and 2 and up into high depression

# Religiosity

- Items used to measure Religiosity
  - “Do you agree or disagree that the sacred scriptures of your religion are the word of God and are completely without any mistakes?” - agree=1 or disagree=0
  - “In the past 12 months, how often did you attend religious services?” - once a week or more=3; once a month or more, but less than once a week=2; less than once a month=1; never=0
  - “How often do you pray?” - at least once a day=4; at least once a week=3; at least once a month=2; less than once a month=1; never=0
  - “How important is religion to you?” - very important=3; fairly important=2; fairly unimportant=1; not important at all=0
- All items are either recoded or reverse coded.
- Religiosity, combined measure of the mean of 4 different scales' z-score, has the mean of 0.3439 and the standard deviation of 0.47505.
- Create a standardized, linear religiosity variable and turn it into a categorical variable. High is higher than mean, and Low is lower than mean. 35.8% of sample classified as Low, and 64.2% classified as High.

# Religious Identity

- Items used to measure Religious Identity
  - “How important is religion to you?”\*
  - very important=3; fairly important=2; fairly unimportant=1; not important at all=0

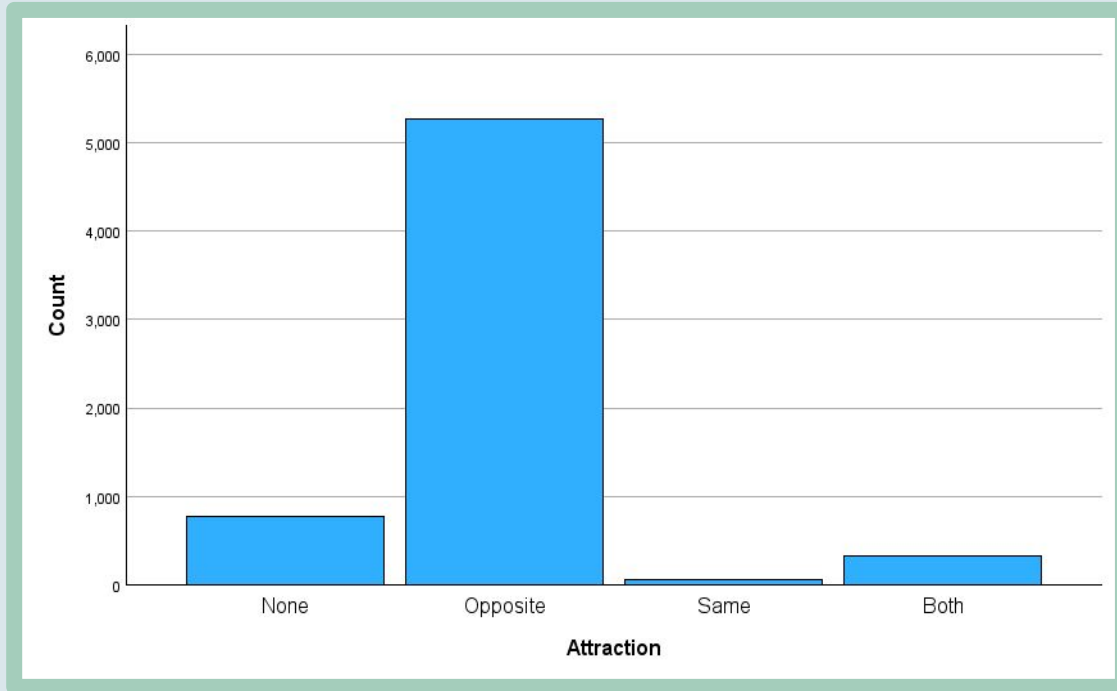
\*Reverse coded.



# Religious Affiliations

- Items used to classify and measure Religious Affiliations
  - “What is your religion?” - Assemblies of God=1; Holiness=2; Jehovah's Witness=3; Latter Day Saints=4; Pentecostal=5; Baptist=7; Catholic=9
- REC\_RelgLabel categorized people into either Evangelical=0 or Mainstream=1.
  - Assemblies of God, Holiness, Jehovah's Witness, Latter Day Saints, Pentecostal are classified as Evangelical whereas Baptist and Catholic are classified as Mainstream.

# Queerness



Add Health 1 accounts for Male & Female

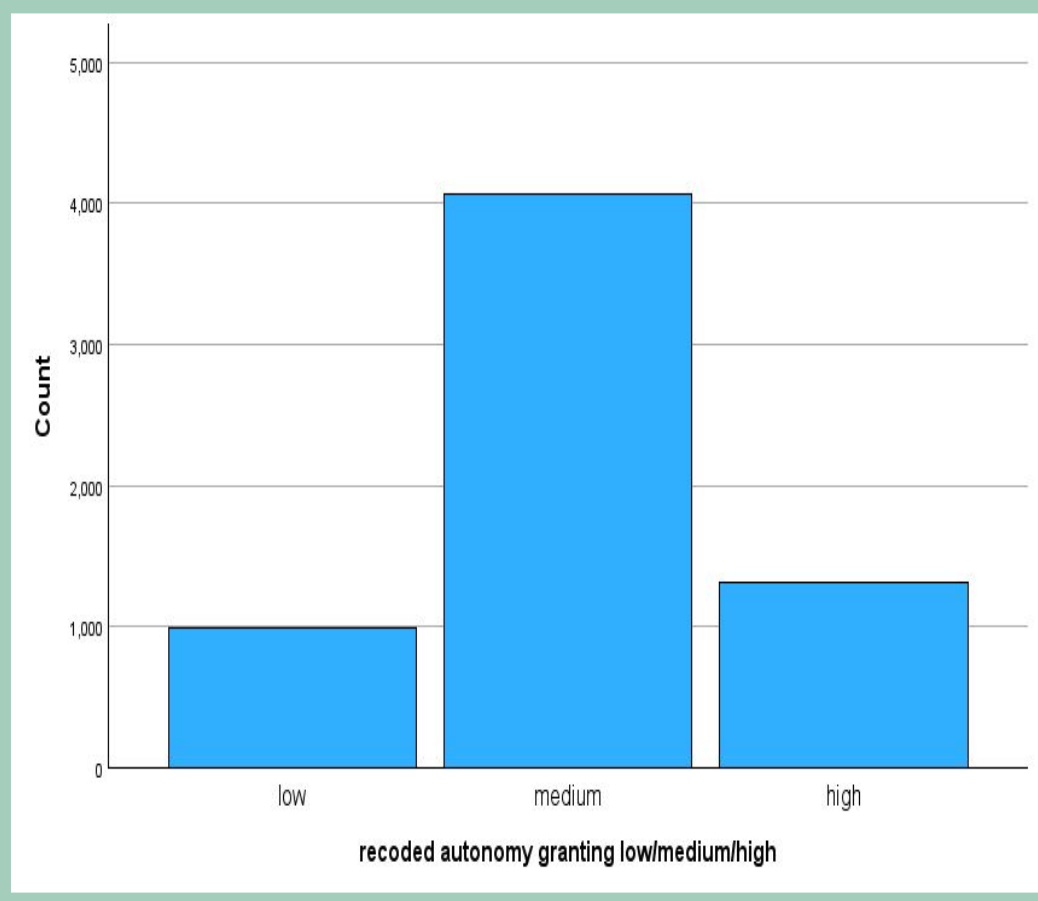
N=6418. 48.4% Male, 51.6% Female.

None: 11.8%, Opposite 81%,

Same 0.9%, Both 5%

- Variables used to compute 'Attraction'/Queerness
  - Have you ever had attraction to a female (H1NR1) / Male (H1NR2)
  - Assigned Gender at Birth (BIO\_SEX)
- Using these, computed attraction with 4 values
  - 1, No attraction
  - 2, Same sex attraction
  - 3, Opposite sex attraction (exclusively)
  - 4, Both sex attraction
  - Those who did not know, did not report, or were not given the question (6,8,9) were labeled as missing
- For analysis, this was recoded into "Queer", where 1 & 2 became 1 (Straight/No Attraction) and 3 & 4 became 2 (Queer).

# Autonomy Granting



The mean autonomy granting is 0.736 on a 0-1 scale with a standard deviation of 0.223.

Variables used to compute autonomy granting:

Do your parents let you make your own decisions about...

- the time you must be home on weekend nights?
- the people you hang around with?
- what you wear?
- how much television you watch?
- which television programs you watch?
- what time you go to bed on weeknights?
- what you eat?
- Computed mean autonomy granting using scale where 0 is least autonomy and 1 is most autonomy
- Created new variable: lowest 29.4% = low, 29.4%-79.4% = medium, 79.4% to highest = high

# Results



## **How does religiosity affect adolescents' depression rates?**

We ran an ANOVA to determine whether religiosity affect adolescents' depression score. The results indicate that there is a statistically significant relation ( $F=44.939$ ,  $df=1$ ,  $p<.001$ ). Inspection revealed that adolescents who reported lower religiosity tended to report higher depression scores (refer to tables and graph on following slide).

Descriptives

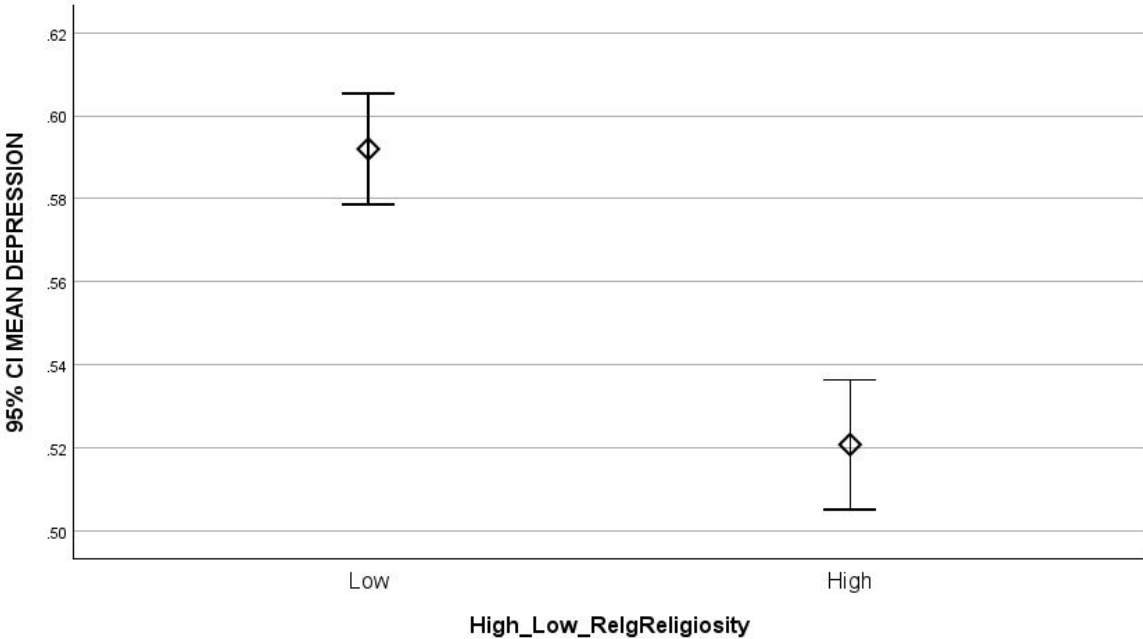
DEPRESSION

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Low	3399	.5920	.39783	.00682	.5786	.6054	.00	2.63
High	2220	.5209	.37479	.00795	.5053	.5365	.00	2.26
Total	5619	.5639	.39041	.00521	.5537	.5741	.00	2.63

ANOVA

DEPRESSION

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	6.796	1	6.796	44.939	<.001
Within Groups	849.493	5617	.151		
Total	856.290	5618			



N=5619. 60.5% Low, 39.5% High. Mean of Low is .5920, High is .5209. Confidence Interval for Mean of Low is .5786 to .6054, High is .5053 to .5365.

**Is being part of  
Evangelical groups  
associated with  
depression among  
adolescents?  
Does religiosity affect this?**

- First of all, I ran an ANOVA to determine whether there is a relation between depression score and evangelical/mainstream christian group. The result indicated that there is a slight but statistically significant relation ( $F=3.954$ ,  $df=1$ ,  $p=.047$ ). Inspection revealed that adolescents who belongs to evangelical groups has slightly higher 95% confidence interval for mean (refer to the box 1 on the following slides).
- Then, I ran an ANOVA to determine whether there is a relation between lower religiosity in evangelical group and depression score. The result indicated that there is a statistically significant relation ( $F=15.029$ ,  $df=1$ ,  $p<.001$ ). Inspection revealed that adolescents who held lower religiosity tend to report higher depression score (see box 2).

Descriptives

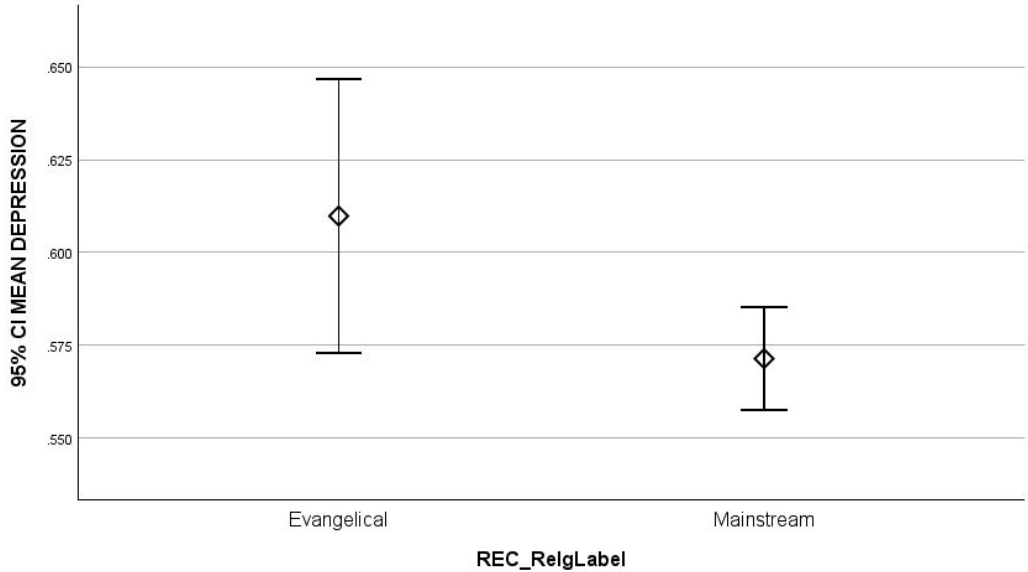
DEPRESSION

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Evangelical	478	.6098	.41014	.01876	.5729	.6467	.00	2.53
Mainstream	3037	.5714	.38975	.00707	.5575	.5853	.00	2.63
Total	3515	.5766	.39275	.00662	.5636	.5896	.00	2.63

ANOVA

DEPRESSION

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.609	1	.609	3.954	.047
Within Groups	541.421	3513	.154		
Total	542.030	3514			



N=3515. 13.6% Evangelical, 86.4% Mainstream. Mean of Evangelical is .6098, Mainstream is .5714. Confidence Interval for Mean of Evangelical is .5729 to .6467, Mainstream is .5575 to .5853.



Descriptives

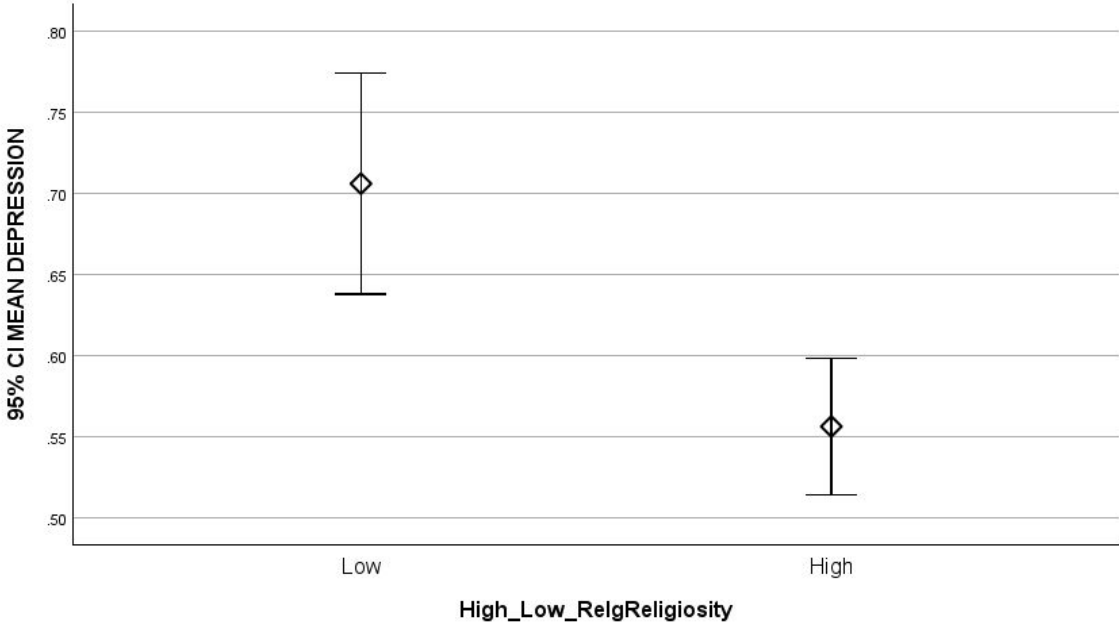
DEPRESSION

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Low	171	.7058	.45020	.03443	.6379	.7738	.00	2.53
High	307	.5563	.37628	.02148	.5140	.5986	.00	1.95
Total	478	.6098	.41014	.01876	.5729	.6467	.00	2.53

ANOVA

DEPRESSION

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.456	1	2.456	15.029	<.001
Within Groups	77.782	476	.163		
Total	80.238	477			



N=478. 35.8% Low, 64.2% High. Mean of Low is .7058, High is .5563.  
Confidence Interval for Mean of Low is .6379 to .7738, High is .5140 to .5986.

# **Does autonomy granting moderate the relationship between religiosity and depression?**

- I ran a one-way ANOVA to determine if autonomy granting moderates the potential relationship between religiosity and depression. I concluded that at low, medium, and high levels of autonomy granting, adolescents with high religiosity are less depressed.
  - Low: ( $F=14.250$ ,  $df=1, 867$ ,  $p<0.001$ ).
  - Medium: ( $F=27.610$ ,  $df=1, 3554$ ,  $p<0.001$ ).
  - High: ( $F=12.622$ ,  $df=1, 1110$ ,  $p<0.001$ ).

## Descriptives

### Depression

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
recoded autonomy granting low/medium/high						Lower Bound	Upper Bound		
.	Low	47	.7503	.38543	.05622	.6371	.8634	.16	2.11
	High	35	.7810	.40215	.06798	.6429	.9192	.21	1.74
	Total	82	.7634	.39049	.04312	.6776	.8492	.16	2.11
low	Low	500	.7581	.37451	.01675	.7252	.7910	.16	2.37
	High	369	.6622	.36373	.01894	.6250	.6995	.16	2.16
	Total	869	.7174	.37279	.01265	.6926	.7422	.16	2.37
medium	Low	2140	.6892	.35532	.00768	.6741	.7042	.11	2.47
	High	1416	.6261	.34301	.00912	.6082	.6440	.05	2.32
	Total	3556	.6641	.35178	.00590	.6525	.6756	.05	2.47
high	Low	682	.6800	.35527	.01360	.6533	.7067	.05	2.26
	High	430	.6056	.31410	.01515	.5759	.6354	.11	1.74
	Total	1112	.6512	.34172	.01025	.6311	.6713	.05	2.26

## ANOVA

### Depression

recoded autonomy granting low/medium/high		Sum of Squares	df	Mean Square	F	Sig.
.	Between Groups	.019	1	.019	.123	.727
	Within Groups	12.332	80	.154		
	Total	12.351	81			
low	Between Groups	1.951	1	1.951	14.250	<.001
	Within Groups	118.678	867	.137		
	Total	120.628	868			
medium	Between Groups	3.391	1	3.391	27.610	<.001
	Within Groups	436.531	3554	.123		
	Total	439.923	3555			
high	Between Groups	1.459	1	1.459	12.622	<.001
	Within Groups	128.277	1110	.116		
	Total	129.735	1111			

# **Does Queerness Moderate the Relationship between Depression and Religion?**

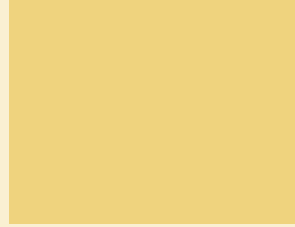
- I ran a Chi-Square Test to determine if queerness moderated the relationship between depression and religion. I found that there was not a relationship between the two when moderated by sexual orientation
  - Straight/NoAttraction:  
( $X^2$ : 3.237, df: 1, p: .072)
  - Queer:  
( $X^2$ : 0.285, df: 1, p: .593)

# Does Queerness Moderate the Relationship between Depression and Religion?

Straight/Queer Attraction				Depression		Total
				Low	High	
.	High_Low_RelgReligiosity	Low	Count	37		37
			% within High_Low_RelgReligiosity	100.0%		100.0%
			Standardized Residual	.0		
	High	High	Count	20		20
			% within High_Low_RelgReligiosity	100.0%		100.0%
			Standardized Residual	.0		
	Total	Total	Count	57		57
			% within High_Low_RelgReligiosity	100.0%		100.0%
Straight/No Attraction	High_Low_RelgReligiosity	Low	Count	3121	18	3139
			% within High_Low_RelgReligiosity	99.4%	0.6%	100.0%
			Standardized Residual	-.1	1.1	
	High	High	Count	2095	5	2100
			% within High_Low_RelgReligiosity	99.8%	0.2%	100.0%
			Standardized Residual	.1	-1.4	
	Total	Total	Count	5216	23	5239
			% within High_Low_RelgReligiosity	99.6%	0.4%	100.0%
Queer	High_Low_RelgReligiosity	Low	Count	219	4	223
			% within High_Low_RelgReligiosity	98.2%	1.8%	100.0%
			Standardized Residual	.0	.3	
	High	High	Count	99	1	100
			% within High_Low_RelgReligiosity	99.0%	1.0%	100.0%
			Standardized Residual	.1	-.4	
	Total	Total	Count	318	5	323
			% within High_Low_RelgReligiosity	98.5%	1.5%	100.0%

Chi-Square Tests						
Straight/Queer Attraction		Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
	Pearson Chi-Square	. <sup>a</sup>				
	N of Valid Cases	57				
Straight/No Attraction	Pearson Chi-Square	3.237 <sup>b</sup>	1	.072		
	Continuity Correction <sup>c</sup>	2.515	1	.113		
	Likelihood Ratio	3.511	1	.061		
	Fisher's Exact Test				.088	.053
	Linear-by-Linear Association	3.236	1	.072		
	N of Valid Cases	5239				
Queer	Pearson Chi-Square	.285 <sup>d</sup>	1	.593		
	Continuity Correction <sup>c</sup>	.002	1	.963		
	Likelihood Ratio	.309	1	.578		
	Fisher's Exact Test				1.000	.508
	Linear-by-Linear Association	.285	1	.594		
	N of Valid Cases	323				

# Conclusion



## **Back to the first step:**

### **How does religiosity affect adolescents' depression rates?**

- Depression contributes to suicide and suicidal ideation, which is the 2nd-leading cause of death in adolescents 10-14 (CDC, 2022)
- 87% of the AddHealth sample stated they were religious
  - If religiosity relates to depression rates, it may reduce them because of the sense of belonging that it can grant.



# What did we learn?

- Results are consistent with the findings of Manzi et al. that **higher autonomy granting relates to fewer depressive symptoms in adolescents** (Manzi et al., 2012). Kunz & Grych showed that low autonomy granting is associated with higher parental use of psychological control tactics, which in turn predicts more internalizing symptoms in young adolescents (Kunz & Grych, 2013).
- Results showed that **there was no relationship** between religiosity and depression when moderated with sexual orientation.





## What did we learn? Cont'd

- Results suggest that **there is a relation between belonging to Evangelical groups and higher depression**, and between **having lower religiosity in Evangelical groups and higher depression**.
- It contradicts to the Green & Elliott's argument that religious affiliation was unrelated to health or happiness, but fundamentalism was associated with poor health yet greater happiness (Green & Elliott, 2010). Rather, it supports the Lloyd & Hutchinson's claim that Evangelical Christians experienced ambivalence where spiritual explanations of mental distress helps and stresses their coping (Lloyd & Hutchinson, 2022). It partially aligns with my original hypothesis.



# Limitations and next directions

- This is correlational study; thus, it does not provide any causal relationships.
- Dataset is outdated, social environment has changed, and trends in mental health of adolescents may have changed too.
- The number of Evangelical Christians surveyed is limited, which casts uncertainty on one of our research questions.
- The data from religions other than Christianity is very limited.
- Autonomy granting is impacted by age, but age was not taken into consideration in this analysis
- Future studies might take a research design that conclude causal relationship or more recent and multinational dataset that contains a more diverse religious population.
- Due to the limited queer population within the sample, not much information can be gained from analysis.
- Future research could have more questions in regards to queerness



# What did we gain?

- We showed the lack of relationship between queerness and depression.
- We showed the relationship between low religiosity and higher depression.
- We showed the relationship between Evangelical Christian adolescents and higher depression.
- We showed the relationship between low autonomy granting and higher depression.

# References

AMERICAN PSYCHOLOGICAL ASSOCIATION. (2018). DEPRESSION. RETRIEVED FROM [HTTPS://DICTIONARY.APA.ORG/DEPRESSION](https://dictionary.apa.org/depression)  
ARMET, S. (2009). RELIGIOUS SOCIALIZATION AND IDENTITY FORMATION OF ADOLESCENTS IN HIGH TENSION RELIGIONS. REVIEW OF RELIGIOUS RESEARCH, , 277-297.

DEW, R. E., DANIEL, S. S., ARMSTRONG, T. D., GOLDSTON, D. B., TRIPLETT, M. F., & KOENIG, H. G. (2008). RELIGION/SPIRITUALITY AND ADOLESCENT PSYCHIATRIC SYMPTOMS: A REVIEW. CHILD PSYCHIATRY AND HUMAN DEVELOPMENT, 39(4), 381-398. DOI:10.1007/S10578-007-0093-2

GREEN, M., & ELLIOTT, M. (2010). RELIGION, HEALTH, AND PSYCHOLOGICAL WELL-BEING. JOURNAL OF RELIGION AND HEALTH, 49, 149-163.

HAUSER KUNZ, J., & GRYCH, J. H. (2013). PARENTAL PSYCHOLOGICAL CONTROL AND AUTONOMY GRANTING: DISTINCTIONS AND ASSOCIATIONS WITH CHILD AND FAMILY FUNCTIONING. PARENTING, SCIENCE AND PRACTICE, 13(2), 77-94. DOI:10.1080/15295192.2012.709147

HEELAS, P. (2001). RELIGIOSITY: MODERN. IN N. J. SMELSER, & P. B. BALTES (EDS.), INTERNATIONAL ENCYCLOPEDIA OF THE SOCIAL & BEHAVIORAL SCIENCES (PP. 13112-13115). OXFORD: PERGAMON. DOI:10.1016/B0-08-043076-7/04058-4 RETRIEVED FROM [HTTPS://WWW.SCIENCEDIRECT.COM/SCIENCE/ARTICLE/PII/B0080430767040584](https://www.sciencedirect.com/science/article/pii/B0080430767040584)

LLOYD, C. E., & HUTCHINSON, J. (2022). "IT'S EASY TO DISMISS IT AS SIMPLY A SPIRITUAL PROBLEM." EXPERIENCES OF MENTAL DISTRESS WITHIN EVANGELICAL CHRISTIAN COMMUNITIES: A QUALITATIVE SURVEY. TRANSCULTURAL PSYCHIATRY, , 13634615211065869.

MANZI, C., REGALIA, C., PELUCCHI, S., & FINCHAM, F. D. (2012). DOCUMENTING DIFFERENT DOMAINS OF PROMOTION OF AUTONOMY IN FAMILIES. JOURNAL OF ADOLESCENCE, 35(2), 289-298. DOI:10.1016/J.ADOLESCENCE.2011.10.011

SHEARER, A., RUSSON, J., HERRES, J., WONG, A., JACOBS, C., DIAMOND, G. M., & DIAMOND, G. S. (2018). RELIGION, SEXUAL ORIENTATION, AND SUICIDE ATTEMPTS AMONG A SAMPLE OF SUICIDAL ADOLESCENTS. SUICIDE & LIFE-THREATENING BEHAVIOR, 48(4), 431-437. DOI:10.1111/SLTB.12372

VAN DER JAGT-JELSMA, W., DE VRIES-SCHOT, M., SCHEEPERS, P., VAN DEURZEN, P. A. M., KLIP, H., & BUITELAAR, J. K. (2017). LONGITUDINAL STUDY OF RELIGIOSITY AND MENTAL HEALTH OF ADOLESCENTS WITH PSYCHIATRIC PROBLEMS. THE TRAILS STUDY. EUROPEAN PSYCHIATRY, 45, 65-71. DOI:10.1016/J.EURPSY.2017.05.031